

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1245
 Registered No. 97

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Allan Hamblin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes. 7. Date of birth May 5 1930
Month Day Year

8. FATHER
 Full name John A Hamblin

14. MOTHER
 Full maiden name Mrs. Curmuth

9. Residence (Usual place of abode) 601 East Main St Safford, Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) 601 East Main St Safford
 If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 31 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Mission, Ariz.
 (State or country)

18. Birthplace (city or place) Globe, Ariz.
 (State or country)

13. Occupation Dentist
 Nature of industry

19. Occupation Teacher
 Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3⁴⁰ m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. C. Gunter
(Physician or Midwife).

Given name added from supplemental report _____ Address Globe, Ariz.

185 505-933 Month, day, year
 Registrar June Filed June 4 1930 Geo. W. Wightman Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.